 **Antigo United Methodist Church Grant Funding**

Here at the Antigo United Methodist Church (AUMC), we believe everyone should be welcome to a place where they can come to know God. Our Mission is to develop followers of Christ within our community and church, and to grow individually in our faith in God. The Mission of the United Methodist Church is to make disciples of Jesus Christ for the transformation of the world.

**Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please address the following:**

1. Amount you are requesting $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. Describe the problem/need the request will address.

3. Describe the program.

4. What are the measurable goals of the program?

5. Describe the population the program will serve and how individuals will benefit from the project.

* 1. 6. Describe how the request aligns with our Mission.

7. Have you applied to the AUMC in the last 12 months? If so, how much did the AUMC fund for the project?

8. Detail your budget, key personnel who contribute in a substantive way to the project or execution of the project, other funding your project utilizes, and, if applicable, purchase documentation totaling the amount of funds you are requesting.

*Please report the progress and outcome of your project at the end of the year and/or the conclusion of your project. We would appreciate testimonials, photos, and any information you can provide.*

**Please submit application to: Antigo United Methodist Church**

**2034 Fifth Avenue**

**Antigo, WI 54409**

**or** [**antigoumc1@gmail.com**](mailto:antigoumc1@gmail.com)

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:**\_\_\_\_\_\_\_ **Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Finance Committee: Approval\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_ Denied\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ad Council: Approval\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_ Denied\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**